

Circuit Court for _____
City or County

CIVIL - DOMESTIC CASE INFORMATION REPORT

DIRECTIONS:

Plaintiff: This information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111. A copy must be included for each defendant to be served.

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE

FORM FILED BY: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		CASE NUMBER _____ <div style="text-align: right; font-size: small;">Clerk to insert</div>
CASE NAME: _____ <div style="text-align: center; font-size: x-small;">Plaintiff</div>		VS. _____ <div style="text-align: center; font-size: x-small;">Defendant</div>
PARTY'S NAME: _____		PHONE: () - <div style="text-align: right; font-size: x-small;">Day Time Phone</div>
ADDRESS: _____		
PARTY'S ATTORNEY'S NAME: _____		PHONE: () -
ATTORNEY'S ADDRESS: _____		
<input type="checkbox"/> I am not represented by an attorney		
RELATED CASE PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Court and case #(s) if known: _____		
Special Requirements? <input type="checkbox"/> Interpreter/communication impairment		Which language _____
(Attach Form 1-332 if Accommodation or Interpreter Needed)		Which dialect _____
<input type="checkbox"/> ADA accommodation: _____		

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

- | | |
|---|---|
| A. Mediation <input type="checkbox"/> Yes <input type="checkbox"/> No | C. Settlement Conference <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Arbitration <input type="checkbox"/> Yes <input type="checkbox"/> No | D. Neutral Evaluation <input type="checkbox"/> Yes <input type="checkbox"/> No |

IS THIS CASE CONTESTED? ☐ Yes ☐ No If yes, which issues appear to be contested?

- ☐ Ground for divorce

☐ Child Custody ☐ Visitation

☐ Child Support

☐ Alimony ☐ Permanent ☐ Rehabilitative

☐ Use and possession of family home and property

☐ Marital property issues involving:

☐ Valuation of business

☐ Pensions

☐ Bank accounts/IRA's

☐ Real Property

☐ Other: _____

☐ Paternity

☐ Adoption/termination of parental rights

☐ Other: _____

Request is made for: ☐ Initial order ☐ Modification ☐ Contempt ☐ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) _____

☐ Mediation by a Court-sponsored settlement program
- ☐ Initial conference with the court

☐ Other: _____

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator

☐ Appointment of counsel to represent child (not just to waive psychiatric privilege)
- ☐ Evaluation by mental health professional

☐ A conference with the Court
- ☐ Other Evaluation _____

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☐ No

CASE NAME _____ <div style="text-align: center; font-size: small;">Plaintiff</div>	vs.	CASE NUMBER: _____ <div style="text-align: center; font-size: small;">Defendant (Clerk to Insert)</div>
TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days		
TIME ESTIMATES FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days		
COMPLEX SCIENCE MEDICAL CASE MANAGEMENT PROGRAM (ASTAR) <i>FOR PURPOSES OF POSSIBLE SPECIAL ASSIGNMENT TO AN ASTAR RESOURCE JUDGE under Md. Rule 16-202. Please check the applicable box below and attach a duplicate copy of your complaint.</i> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Expedited - Trial within 7 months of Defendant's response </div> <div style="text-align: center;"> <input type="checkbox"/> Standard - Trial within 18 months of Defendant's response </div> </div>		

Signature of Counsel/Party

Print Name

Street Address

City/State/Zip

Date